

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
0 9 8 3 3 5 3 1

APPLICANT(S)

FILING DATE  
04-16-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS